

MAY 02 2018
LAW LIBRARY

Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process
REQUEST TO STAFF

MAY 9 2018

TO: Medical FACILITY/DIST/UNIT: NFCC DATE: 5-2-18
(NAME AND TITLE OF STAFF MEMBER)

I have ___ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: ___ facility: ___ grievance #: ___
I affirm that I do ___ do not ☒ have a grievance pending on this issue.
I affirm that I do ___ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: ___
This request ___ does ___ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 5-1-18, there was an institutional shutdown. Because of this shutdown there was not an A.M. insulin line. Medical personnel delivered the medications to the inmates. Because I'm not diabetic, I requested the LA Medication. Due to the medication being late, I was not able to take it.
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.) (over)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Please put procedures in place to ensure this doesn't happen again.
Please provide me the medical information that states the nurse was citing that it was too late.

NAME: Kent Savage (PRINT) DOC NUMBER: 646862 UNIT & CELL NUMBER: ES-111

SIGNATURE: Kent Savage WORK ASSIGNMENT: Unassigned (Program)

DISPOSITION: **DO NOT WRITE BELOW THIS LINE**

Your concerns have been noted

M. May RN CH8A 5-17-18
STAFF MEMBER DATE

DATE response sent to inmate: ___
1. Original to file
2. Copy to inmate/offender
RETURNED
MAY 24 2018
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DOC 090124D (R 9/16)
Rec'd on 5-25-18

and I don't receive pills in the A.M. I was forgotten and did not receive my daily medication. I informed the correctional officers on my unit, mid-morning, that I had not received my medication. Apparently he didn't notify anyone in medical until about 4:45; the medical assistant (Phil) that delivered the pills in the afternoon. Phil stated that he had notified the "nurse." He then stated that she stated it was too late to give me my daily medication. This is incorrect. It would have been appropriate for me to receive my ^{daily} medication late in the day. If an adjustment needed to ~~happen~~ be made the next day my a.m. injection could have been prolonged for a few minutes. I should have received my medication for 5-1-18 even if it was a little late.

Exhibit 2
Page 3 of 8

INMATE/OFFENDER GRIEVANCE

Grievance no. _____

Grievance code: _____

Response due: _____

DO NOT WRITE ABOVE THIS LINE

Date 5-30-18Facility or District NFCCName Kent Savage
(Print)Facility Housing Unit ES-111ODOC Number 646862Date "Request to Staff" response received: 5-25-18

Have you previously submitted a grievance on this same issue? No If yes, what date _____, facility _____, grievance # _____. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 5-2-18, I submitted a 'Request to Staff' (RTS) via the law library to medical. This RTS basically complained that I was denied my daily medications on 5-1-18, an institutional shutdown day. This denial was the result of a simple mistake compounded by the deliberate indifference of a guard and then (over)
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

On May 2, 2018 I sent a 'Request to Staff' RTS to medical. (See Attached)

3. The action you believe the reviewing authority may lawfully take. Put Procedures in place to prevent inmates from receiving the opportunity to take their medications on days medications are delivered. And Please provide me with the medical information that the nurse used to make her determination, it was to late.

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Name Shirley May RNTitle Correctional Health Service Admin (CHSA)Signature of Grievant Kent SavageDate Sent to Reviewing Authority 5-30-18

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 7/16)

the deliberate indifference of a nurse. During the morning of 5-1-18, I realized that I had been missed for my daily medication, so I notified the guard. The guard delayed in notifying medical until late in the day. The guard told the medical assistant Phil at the afternoon/evening pill distribution. Phil notified a nurse, (name unknown) who stated it was too late for me to receive my medication.

I requested on the RTS that procedures be put into place to ensure that inmates are not forgotten when medications are delivered. And I asked for the medical information that the nurse used to make the determination that it would have been too late for me to receive my daily medication. On 5-25-18, I received Ms. May's response to the RTS. She simply stated, "Your concerns have been noted." Ms. May's response only ~~my~~ recognized that I had an issue with not receiving my medication. Ms. May's response did not confirm a change in procedure to prevent inmates from receiving the opportunity to take their medications on days when medications are delivered to the inmates. Nor did she provide me with the medical information that the nurse used to make her decision that it was too late for me to receive my medication.

Exhibit 2
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Department of Corrections
Medical Services Administration

INMATE/OFFENDER GRIEVANCE

JUL 10 2018

Grievance no. MARA-18-78

Received

Grievance code: 7Response due: 8/9/18

DO NOT WRITE ABOVE THIS LINE

Date 7-6-18Facility or District NFCCName Kent Savage
(Print)Facility Housing Unit ES-111ODOC Number 646862

Date "Request to Staff" response received: _____

Have you previously submitted a grievance on this same issue? No If yes, what date _____, facility _____, grievance # _____. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary. On 5-30-18, I submitted a grievance to Shirley May, R.N., the Correctional Health Service Administrator (CHSA). As of the date of this grievance I have not received an answer. The issue on the grievance was basically dealing (even)
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance. On 5-30-18, I submitted a grievance to Shirley May, R.N. See the attached copy.
3. The action you believe the reviewing authority may lawfully take. Please have Shirley May, R.N. the Correctional Health Service Administrator (CHSA) answer my grievance of 5-30-18

Grievance report sent to (warden/district supervisor/correctional health services administrator):

Buddy Honaker

Health Service administrator

Name

Title

Signature of Grievant Kent Savage7-6-18

Date Sent to Reviewing Authority

DOC 090124A (R 7/16)

1. Original to file
2. Copy to inmate/offender

Exhibit 2
Page 7 of 8

with me not receiving my medication. Please ^{see} the
enclosed/attached copy of the grievance, which
provides proof of the grievance.

Department of Corrections
Medical Services Administration

JUL 10 2018

Received



STATE OF OKLAHOMA

MARY FALLIN
GOVERNOR

Exhibit 2
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OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES

August 9, 2018

Kent G. Savage-ODOC #646862
North Fork Correctional Center
1605 East Main Street
Sayre, OK 73662

Re: Improperly Submitted Grievance Correspondence (#MARA-18-78)

Dear Kent Savage:

Your "Inmate/Offender Grievance" form, dated July 6, 2018, was received in my office on July 10, 2018. In accordance with OP-090124, I am returning a copy of your original correspondence unanswered for the following reason:

1. According to OP-090124, in part, if there has been no response by the reviewing authority within 30 days, the inmate may send a grievance to the Administrative Review Authority (ARA) with evidence of submitting the grievance to the proper reviewing authority. The grievance submitted to the ARA will assert only that the reviewing authority did not answer the inmate /offender's grievance. Your "Inmate/Offender Grievance" form, dated July 6, 2018, included additional information.

However, after further investigation, Shirley May, the medical reviewing authority at North Fork Correctional Center, answered your grievance, but is unable to obtain a copy of the documentation. Please resubmit the grievance form, along with the "Request to Staff" used in the informal resolution process with the response, to Ms. May, within 10 days of receipt of this notice. Do not submit the grievance to law library.

If you need further assistance with any health concerns, you must submit a "Request for Health Services" form (attached) to the medical unit at your facility, via the sick call process.

Sincerely,

Shari Jones, Acting MSM

Buddy Honaker
Medical Services Manager

BH/cr

CC Shirley May
File

Exhibit 2
Page 8 of 8Grievance Decision from Reviewing AuthorityInmate/Offender Name: Savage, KentDOC Number: 646862Receipt Date: 08-20-2018Grievance Category Code: 7Grievance Number: M-18-030

1. Discrimination 3. Complaint against staff 5. Disciplinary process 7. Medical 9. Records/Sentence Admin.
 2. Classification 4. Condition of confinement 6. Legal 8. Property/Trust Fund 10. Religion 11. Personal Identity

Request: (1) Put procedures in place to prevent inmates from receiving the opportunity to take their medications on days medications are delivered. (2) Please provide me with the medical information that the nurse used to make her determination, it was too late.

Response:

Your RTS dated 5/2/18 was answered, and returned to you, on or about 5/17/18. For your convenience, I have attached a copy. You have requested to have two issues addressed on your grievance. (1) Medical does not control movement times or lockdowns, and makes every effort to get medications to inmates. (2) Medications must be given at designated intervals. Your med was approximately 8 hours late from the scheduled time. Any time adjustments would have taken several days to a week to be on your normal scheduled time.

Decision: Partial Relief Granted

ST May RN, CHSA
 Reviewing Authority – Facility Health Services Admin (medical issues)

8-31-18
 Date

Review Authority – Facility/District/Unit Head

Date

I have received a copy of the decision of the reviewing authority.

Signature of Grievant

C. Labrador

Date

Signature of Staff Witness and Printed Name of Witness

Date

8/30/18

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA.

1. Original to file
2. Copy to inmate/offender